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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number 09/642,492

Filing Date August 18, 2000

First Named Inventor Gary VAN NEST

Group Art Unit 1648

Examiner Name S. Foley

Attorney Docket No. 377882000800

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Total Number Of Pages In This Submission

20

ENCLOSURES (check all that apply)☒ Fee Transmittal Form plus copy for fee processing (2 pages)☐ Fee Attached☒ Amendment / Reply (16 pages)☐ After Final☐ Affidavits/declarations☒ Extension of Time Request (1 page)☐ Assignment Papers (for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/ Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

Remarks

1. Return Receipt Postcard.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm

Morrison & Foerster LLP, 755 Page Mill Rd, Palo Alto, CA 94304-1018

or

Individual Name

Karen R. Zachow, Reg. No. 46,332

Signature

Date

January 30, 2002

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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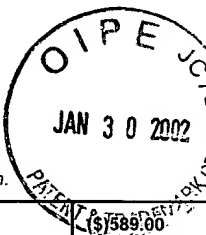
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Tamara Alcaraz

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pa-663242

FEE TRANSMITTAL FOR FY 2002



Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Complete if Known

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 03-1952 Deposit Account Name Morrison & Foerster LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. 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114	160	214	80	Provisional filing fee																																																																																																																																																																																																																																																																																																							
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claims, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>(\$129.00)</td></tr> </tbody> </table>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claims, if not paid		109	84	209	42	**Reissue independent claims over original patent		110	18	210	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$129.00)	3. SUBTOTAL (3) (\$460.00)																																																																																																																																																																																																																																																													
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** or number previously paid, if greater; For reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$460.00)

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Karen R. Zachow	Registration No. (Attorney/Agent)	46,332	Telephone	(650) 813-5895
Signature	<i>Karen R. Zachow</i>	Date	January 30, 2002		

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